

Case Number:	CM15-0051445		
Date Assigned:	03/24/2015	Date of Injury:	09/07/2010
Decision Date:	06/19/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/18/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Arizona, Maryland
Certification(s)/Specialty: Psychiatry

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 50 year old female, who sustained an industrial injury on 9/7/10. The injured worker has complaints of disturbed sleep and weakness. The documentation noted that the injured workers visual problems were somewhat improved with glasses. The injured worker reported that she has disturbed sleep and she has difficulty with attention, concentration and short term memory. The diagnoses have included depressive disorder, not otherwise specified; dementia due to a medical condition, without behavioral disturbance and severe anxiety. Treatment to date has included botox injections for chronic migraines; namenda and klonopin. The request was for namenda XR cap 28mg #30 one year.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Namenda XR cap 28mg #30 one year: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/monography/namenda.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA.gov- Memantine (Namenda).

Decision rationale: FDA.gov stated that Memantine (Namenda) is indicated for the treatment of Moderate to Severe Alzheimer's Disease. The request for Namenda XR cap 28mg #30 one year is excessive and not medically necessary as this medication is being used off label in this case. Also, it is not clinically indicated for the medications to be prescribed on an ongoing basis for a year without proper monitoring. Thus, the request is not medically necessary.